

Application for Certificate for Sanitary and Sewerage Facilities at Marinas and Other Places Where Boats are Moored

Date _____

Name of establishment _____

Address _____

County / City _____

Location of establishment _____

Owner name _____

Owner mailing address _____

(city, state, zip) _____

Owner telephone _____

1. Marina

Total number of seasonal boat slips _____

Total number of transient boat slips _____

2. Other places where boats are moored

Maximum number of boats that can be accommodated _____

3. Wet and dry storage

Number of parking spaces _____

4. Sanitary facilities

Enclose schematic indicating location of sanitary facilities relative to any marina facilities and water supply.
An example is attached.

	Seasonal Slips	Transient Slips	Other Places	Wet and Dry Storage
	Men / Women	Men / Women	Men / Women	Parking Spaces
	Men / Women	Men / Women	Men / Women	Men / Women
Commodes	___ / ___	___ / ___	___ / ___	___ / ___
Urinals	___ / ___	___ / ___	___ / ___	___ / ___
Lavatories	___ / ___	___ / ___	___ / ___	___ / ___
Showers	___ / ___	___ / ___	___ / ___	___ / ___
Motel / Number of rooms _____		Sewage Flow _____ gpd (per Marina regulations)		
Restaurant / Number of seats _____		Sewage Flow _____ gpd (per Marina regulations)		

5. Total maximum daily sewage flow _____ gpd (based on flow criteria in marina regulations)

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6. Sewage Collection, Treatment, and Disposal

a) Domestic Waste Treatment (excluding contents from holding tanks on boats)

- i. Name and location of sewage treatment facility to handle **domestic wastes** from marina or other places where boats are moored (**excluding contents from holding tanks on boats**).

- If this is a new discharge, submit a copy of the NPDES permit / application with this application. (NPDES application may be obtained from any regional office of the Bureau of Sanitary Engineering.)
- If this is an existing discharge, submit evidence of acceptance of your wastewater flow from the owner of the treatment facility.

- ii. If a septic tank and tile drain field system is used to handle **domestic wastes** from the marina or other places where boats are moored (**excluding contents from holding tanks on boats**) has the system been approved by the local Health Department?

(Circle one) **Yes** **No**

- iii. Other (Please describe)

b) Pump-Out Facilities for Removing Contents from Holding Tanks on Boats.

- i. Submit data from manufacturer which includes:

- Equipment rating
pump type (diaphragm, centrifugal, etc.) _____ gpm @ _____ ft. TD
pump motor type (gasoline, electric) _____ rated _____ hp @ _____ rpm
- Type and size of pumping appurtenances

	Type	Size
Suction Line	_____	_____
Rinse Line	_____	_____
Discharge Line	_____	_____
Nozzles	_____	_____
Fittings	_____	_____
Valves	_____	_____

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- ii. Enclose a schematic of proposed equipment installation showing all important relative elevations above mean low water level which include:
- mean low water level (If known, date and time recorded. If not known, assume zero and measure with respect to this.)
 - elevation of dock
 - elevation of center line of pump
 - elevation of point of discharge
 - high point in discharge line

An example is attached.

- iii. If potable water supply is to be used for rinsing holding tanks, has an air gap make-up water tank been provided?

(Circle one) **Yes** **No**

- iv. Is the connection to the receiving facility (end of pump-out discharge line) capable of being locked in place when pump-out facility is in operation?

(Circle one) **Yes** **No**

If no, what provisions have been made to prevent the discharge line from coming loose during pump-out? Please describe.

- v. What provisions have been made to prevent leakage of wastewater or discharge of wastewater to the water course and dock area? (spill pan for pump, nozzle which prevents flow-out of suction line when pump is shut off, water tight fittings and couplings on discharge line, etc.)

- vi. Pump-out to be available (months, days of week, hours of day)

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- c) Pump-out Facility for Pumping Contents from Holding Tanks on Boats Discharges Wastewater Directly to:
(Check one)

- ☐ Municipal or privately owned sewer system. If so do the following:
- Attach the name and location of the sewer system and evidence of acceptance of flow from the owner of the sewer system.
 - Attach evidence of acceptance of flow from the owner of any downstream conveyance system affected and from the owner of the ultimate treatment facility.
- ☐ Holding tank. If so do the following:
- Indicate the proposed size in gallons, list appurtenances to be provided (see ***Design Guidelines for Pump-out Facilities and On-shore Facilities at Marinas and other Places Where Boats are Moored***), sketch the proposed location with respect to water supply and marina facilities (see attached example), indicate provisions to prevent the holding tank from leaking (see ***Design Guideline***), and any other information available.
 - Briefly describe method of pump and haul, indicating who owns pump and haul equipment, what type of equipment (indicate size), and proposed point of discharge. When pump and haul is to be used, include evidence of approval of method by local Health Department and evidence of approved point of discharge.
 - Attach a diagram of the proposed holding tank indicating dimensions, appurtenances and a caption describing it with respect to the Design Guidelines.
- ☐ Other (Please describe)

7. Water Supply Source Serving Marina

Water supplies for new installations or enlargements for existing installations shall comply with criteria in the Commonwealth of Virginia, Department of Health Waterworks Regulations adopted by the State Board of Health on February 1, 1982. Describe the source of water serving marina or other places where boats are moored.

8. On the back of this sheet, show plans for sewage dump station.

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Please read the following paragraph carefully before signing this application.

It is fully recognized and understood that additional sanitary facilities and holding tanks will be required should the need arise and this understanding is hereby acknowledged in this application. It is further understood that failure to provide additional facilities as may be required will result in cancellation of the State Health Department Certificate. I certify that I have filled out this application completely and accurately to the best of my knowledge.

Signed _____
Title _____
Date _____
Name of Establishment _____

Blue River Marina - Example Schematic

